24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Our Voice PAC	
	C C00497412
Check if 24-hour report 48-hour report New report Amends report filed on	
Full Name of Payee	Date of Public Distribution/Dissemination
Jameson Media	10 21 2014
Mailing Address 348 Mill St.	Amount
City State Zip Code	6000.00
Reno NV 89501	Transaction ID : SE.7915 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA PRODUCTION Category/ Type	10 18 2014
Name of Federal Candidate Support Office	ce Sought: House District:
KEVIN WADE Oppose	President Senate State: DE
Calendar Year-To-Date Per Election for Office Sought Disb 2014	oursement For: Primary General Other (specify) ▶
Full Name of Payee RENO PRINT STORE	Date of Public Distribution/Dissemination
Mailing Address 280 GREG ST, STE 5	10 21 2014
	Amount
City State Zip Code	24067.89
RENO NV 89502	Transaction ID : SE.7910 Date of Disbursement or Obligation
Purpose of Expenditure MAILINGS Category/ Type	10 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	ce Sought: House District:
KEVIN WADE Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disk 201	oursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	30067.89
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Robert Fee [Electronically Filed] Date	10 21 2014
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Our Voice PAC	C C00497412
Check if 24-hour report 48-hour report New report Amends report filed	I on Man / Dab / Yayayay
Full Name of Payee WT & S CONSULTING	Date of Public Distribution/Dissemination
	10 21 2014
Mailing Address 8971 LENTZVILLE RD	Amount
City State Zip Code	19000.00
ATHEN AL 35614	Transaction ID : SE.7914 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA BUY Category/ Type	10 21 2014
Name of Federal Candidate Support Office	e Sought: House District:
KEVIN WADE Oppose	President X Senate State: DE
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
	Amount
City State Zip Code	
Day of Francisco	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Offic	e Sought: House District:
Oppose	President Senate State:
04.01.44. 104.10 24.0	ursement For: Primary General
Per Election for Office Sought	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	19000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(a) TOTAL lades and set Fore and Prove	
(c) TOTAL Independent Expenditures	49067.89
Under penalty of perjury I certify that the independent expenditures reported herein were not mwith, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Robert Fee	M / D D / Y Y Y Y Y
[Electronically Filed] Date Signature	0 21 2014